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DECLARATION FOR UTILITY OR		Attorney Docket Nu	mber	3006-17	772	
DESIGN		First Named Invento	or	Thomas A. Osborne, et al.		t al.
PATENT APPLICATION		COMPLETE IF KNOWN				
(37 CFR 1.63)		Application Number				
ka ` □ `	eclaration	Filing Date		Septem	ber 16, 2005	
Submitted Su	bmitted after	Art Unit				
Filing – Unsigned OR (su	tial Filing urcharge 37 CFR 16 (e) required)	Examiner Name		į		
I hereby declare that:						
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.						
I believe that the inventor(s) named be	alou to bo the origin	nal and first invantor(s)	of the cu	hiect matt	erwhich is claim	ad and for which
a patent is sought on the invention en	titled:	nai and mist inventor(s) t	or the so	bject matt	et willen is claim	and for which
VASCULAR VALVE WITH REMOVABLE SUPPORT COMPONENT						
		Fitte of the Invention		· · · · · ·		
(Title of the Invention) The specification of which is attached hereto OR						
was filed on (MM/DD/YYYY)						
Application Number PCT/US04/0	Application Number PCT/US04/008176 and was amended on (MM/DD/YYYY) (if applicable).					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part-applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)		oreign Filing Date (MM/DD/YYYY)		iority Claimed	Certified Co	ppy Attached?
	PCT	03/17/2004				\boxtimes
. 37,00200000						
	}					
	1					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.						
Application Number(s) Filing Date (MM/DD/YYYY)					nal application	
60/455,241		03/17/2003		Additional provisional application numbers are listed on a		
60/491,490	ı	07/31/2003		supplemental priority of PTO/SB/02B attached		rity data sheet

Direct all correspondence to:		omer Num	ber 3	30565 OR Correspondence address below			address below		
Name									
Address									
City			State				ZIP		
Country	Country Te		phone				Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIR	ST INVENTOR	·		· ·		been tiled	ior this uns	igned inventor.	
Given Name THOMAS A		MAS A.		1	Family Name or Surname		OSE	OSBORNE	
Inventor's Signature	Date								
Residence: City		State			Country Citizen		itizenship		
Bloomington		Indiana	Indiana US			US			
Mailing Address					-				
9480 S. Pointe LaSalles [Orive								
City State		State	ZIP		С	ountry			
Bloomington Indian		Indiana	47401		US				
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor.									
Given Name BRIAN C. Brist and middle [if any])			1	ily Name CASE urname		ASE			
Inventor's Signature							Date	-	
Residence: City	City State			Country		Citizenship			
Bloomington				US		US			
Mailing Address									
841 Rosewood Drive									
City State			ZIP		C	Country			
Bloomington	nington Indiana			47404			JS		
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

NAME OF JOINT INVENTOR, IF ANY:		A petition has been filed for this unsigned inventor.					
Given Name DAVID R.		Family Name LESSARD					
(first and middle [if any]) Inventor's		or Surname					
Signature				Date			
Residence: City	State		Country	Citizenship			
Bloomington	Indiana		US	US			
Mailing Address							
4302 Chadwick Drive							
City	State		ZIP	Country			
Indianapolis	Indiana		47401	US			
NAME OF JOINT INVENTOR, IF ANY:		' ' 		for this unsigned inventor.			
Given Name (first and middle [if any])	AL E.	Family Name FEARNOT or Surname					
Inventor's		50		Date			
Signature Residence: City	State		Country	Citizenship			
West Lafayette	Indiana		US	US			
Mailing Address		- 100	<u> </u>				
3051 Hamilton Street							
City	State		ZIP	Country			
West Lafayette	Indiana		47906	US			
		West EarlyCito Internet					
NAME OF JOINT INVENTOR, IF ANY: A petition has been filed for this unsigned inventor in the second of the second							
				for this unsigned inventor.			
Given Name (first and middle [if any])		Famil		for this unsigned inventor.			
Given Name		Famil	ly Name irname	Date			
Given Name (first and middle [if any]) Inventor's	State	Famil	ly Name				
Given Name (first and middle [if any]) Inventor's Signature Residence: City	State	Famil	ly Name irname	Date			
Given Name (first and middle [if any]) Inventor's Signature	State	Famil	ly Name irname	Date			
Given Name (first and middle [if any]) Inventor's Signature Residence: City	State	Famil	ly Name irname	Date			
Given Name (first and middle [if any]) Inventor's Signature Residence: City Mailing Address		Famil	ly Name irname Country	Date Citizenship			
Given Name (first and middle [if any]) Inventor's Signature Residence: City Mailing Address		Famil or Su	ly Name irname Country ZIP tition has been filed	Date Citizenship			
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Given Name (first and middle [if any]) Inventor's Signature Residence: City Mailing Address City NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any])		Famil or Su	ly Name irname Country ZIP tition has been filed	Date Citizenship Country for this unsigned inventor.			
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Given Name (first and middle [if any]) Inventor's Signature Residence: City Mailing Address City NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]) Inventor's Signature Residence: City	State	Famil or Su	ly Name irname Country ZIP tition has been filed ily Name irname	Date Citizenship Country for this unsigned inventor. Date Citizenship			
Given Name (first and middle [if any]) Inventor's Signature Residence: City Mailing Address City NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]) Inventor's Signature Residence: City	State	Famil or Su	ly Name irname Country ZIP tition has been filed ily Name irname	Date Citizenship Country for this unsigned inventor. Date			
Given Name (first and middle [if any]) Inventor's Signature Residence: City Mailing Address City NAME OF JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]) Inventor's Signature Residence: City Mailing Address	State	Famil or Su	Iy Name Irname Country ZIP tition has been filed ily Name Irname Country	Date Citizenship Country for this unsigned inventor. Date Citizenship			

Sheet No) 	, 30061514COOK		
Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)				
If none of the following sub-boxes is used, this sheet should no	t be included in the red	quest.		
Name and address: (Family name followed by given name: for a legal entitude postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence and the Box is the applicant's State (that is, country) of residence if no State	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office			
State (that is, country) of nationality: US	State (that is, country,) of residence:		
This person is applicant all designated all designated		the United States of America only the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name: for a legal entit The address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence LESSARD, David R. 4302 Chadwick Drive Bloomington, Indiana 47401 US	e address indicated in this	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office		
State (that is, country) of nationality: US	State (that is, country, US	of residence:		
This person is applicant all designated for the purposes of:		the United States of America only the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) FEARNOT, Neal E. 3051 Hamilton Street West Lafayette, Indiana 47906 US This person is: applicant only inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office				
State (that is, country) of nationality: US State (that is, country) of residence: US				
This person is applicant all designated all designated		the United States of America only the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office				
State (that is, country) of nationality: State (that is, country) of residence:				
This person is applicant all designated all designated States except the United States of America only the States indicated in the Supplemental Box				
Further applicants and/or (further) inventors are indicated on another continuation sheet.				

(PCT Rule 90.5)

The undersigned person(s):

COOK INCORPORATED 925 South Curry Pike P O Box 489 Bloomington, Indiana 47402 US

Hereby appoints the following person as:	
X agent	common representative
Name and Address:	
Woodard, Emhardt, Moriarty Bank One Center/Tower, Su 111 Monument Circle Indianapolis, Indiana 46204 United States of America	
(continued on supplemental	page 2)
to represent the undersigned before	
X all the competent Internation	al Authorities
the International Searching A	Authority only
the International Preliminary	Examining Authority only
in connection with any and all international a undersigned with the following Office	applications filed by the
United States Patent and Trademark Office and to make or receive payments on behalf	as Receiving Office of the undersigned.
Signature(s): COOK INCORPORATED Len Jawens	
Name: Kem Hawkins Title: President	
Date: <u>5-11-04</u>	

(PCT Rule 90.5)

The undersigned person(s):

Thomas A. OSBORNE 9480 S. Pointe LaSalles Drive Bloomington, Indiana 47401 US

Hereby appoints the following person as:
X agent common representative
Name and Address:
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(continued on supplemental page 2)
to represent the undersigned before
X all the competent International Authorities
the International Searching Authority only
the International Preliminary Examining Authority only
in connection with any and all international applications filed by the undersigned with the following Office:
United States Patent and Trademark Office as Receiving Office and to make or receive payments on behalf of the undersigned.
Signature:
Thomas A. OSBORNE
Date: May 3, 2004

(PCT Rule 90.5)

The undersigned person(s):

841 Rosewood Drive Bloomington, Indiana 47404 US
Hereby appoints the following person as:
X agent common representative
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(continued on supplemental page 2)
to represent the undersigned before
X all the competent International Authorities
the International Searching Authority only
the International Preliminary Examining Authority only
in connection with any and all international applications filed by the undersigned with the following Office:
United States Patent and Trademark Office as Receiving Office and to make or receive payments on behalf of the undersigned.
Signature: Brian C. CASE
Date: <u>May 02, 2004</u>

(PCT Rule 90.5)

The undersigned person(s):

David R. LESSARD 4302 Chadwick Drive Bloomington, Indiana 47401 US

Bloomington, Indiana 47401 US
Hereby appoints the following person as:
X agent common representative
Name and Address:
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(continued on supplemental page 2)
to represent the undersigned before
X all the competent International Authorities
the International Searching Authority only
the International Preliminary Examining Authority only
in connection with any and all international applications filed by the undersigned with the following Office:
United States Patent and Trademark Office as Receiving Office and to make or receive payments on behalf of the undersigned.
Signature:
David R. LESSARD
Date:

(PCT Rule 90.5)

The undersigned person(s):

Neal E. FEARNOT 3051 Hamilton Street West Lafayette, Indiana 47906 US

West	Lalayette, Iriularia 4	900 03
Hereby appo	ints the following pers	on as:
<u>x</u>	_ agent	common representative
Name and A	ddress:	
	Woodard, Emhardt, Bank One Center/T 111 Monument Circ Indianapolis, Indian United States of Am	le a 46204
	(continued on suppl	emental page 2)
to represent th	e undersigned before	•
X	all the competent In	ernational Authorities
	the International Sea	rching Authority only
	the International Pre	liminary Examining Authority only
	with any and all internith the following Offic	ational applications filed by the e:
		k Office as Receiving Office n behalf of the undersigned.
Signature:		
Mel	E. Fearns	<u>. </u>
Neal E. FEARI	TOV	
Date: 13	May 2004	1